10/ 01 PTO/SS/22 (12-97)
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| ſ | 2 | | Docket Number (Optional) NC17517 | **) RECEIVED |
|-------------------------|--|--|---------------------------------------|--------------|
| <u> </u> | In re Application of TANG. K. Clive CE | | TRAL FAX CENTER | |
| Ī | | Application Number 09/751,640 | Filed 12/29/2000 | DCT 1 8 2004 |
| | , | FOI ELECTRONIC DEVICE COVER WITH EMBEDDED RADIO FREQUENCY (RF) TRANSPONDER AND METHODS OF USING SAME | | |
| | | Group Art Unit Examiner | TMAN, Roland D. | |
| | This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application. | | | |
| | The requested extension and appropriate non-small-entity fee are as follows (check time period desired): | | | |
| | One month (37 CFR | 1.17(a)(1)) | \$ 110.00 | |
| İ | Two months (37 CFF | R 1.17(a)(2)) | \$ | |
| | Three months (37 C | FR 1.17(a)(3)) | \$ | |
| | Four months (37 CF | R 1.17(a)(4)) | \$ | |
| | Five months (37 CFF | R 1.17 (a)(5)) | 3 <u></u> | |
| 25/2014 (DMindaBi 1960) | shown above is redu | entity under 37 CFR 1.9 and 1.27, to local by one-haif, and the resulting them to the feet that the resulting to the resulting to the feet | herefore the fee amount fee is: \$ | |
| F0s1251 %1000 | bit is enclosed. | | | ` |
| | has already l | been filed in this application. | | |
| | A check in the amou | ent of the fee is enclosed. | | |
| | The Commissioner I application to a Dep | nas already been authorized to cha osit Account. | rge fees in this | |
| | The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0270 . I have enclosed a duplicate copy of this sheet. | | | |
| | I am the assignes of record of the entire interest. | | | |
| | applicant. | • | | ·. |
| | attomey or age | ent of record. | | |
| · | attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). 39,368 | | | · . |
| | 10/18/2004 | | | + |
| | Date Signature | | | |
| | | | ven A. Shaw | - |
| | Burden Hour Statement: This form is estima | Topo will | ware descention upon the needs of | 1 the |
| | Individual case. Mry commanis on the amount information Officer, Patent and Trademark C TO THIS ADDRESS. SEND TO: Assistant | tied to take 0.1 hours to complete this introduced to complete this office, Washington, DC 20231. DO NOT SE Commissioner for Patents, Washington, DC | ND FEES OR COMPLETED FOR 20231. | MS . |

PAGE 4/9 * RCVD AT 10/18/2004 4:37:57 PAI [Eastern Daylight Time] * SVR:USPTO-EFXRF-1/1 * DNIS:8729306 * CSID:9728945819 * DURATION (mm-ss):02-32